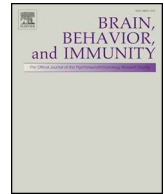




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COVID 2019-suicides: A global psychological pandemic



An inspiring editorial by Montemurro (2020) entitled “*The emotional impact of COVID-19: From medical staff to common people*” recently published in the ‘*Brain, Behavior, and Immunity*’ motivated us to pen down a concise yet, informative viewpoint entitled “COVID-2019-suicides: A global psychological pandemic”.

24,81,026 is the fearsome and huge number of COVID-19 cases with 1,70,423 deaths being reported from around the world (<https://www.worldometers.info/coronavirus/>) is complicating the situation and difficult to control. The realization of the non-availability of vaccine and/or effective antiviral drug against SARS-CoV-2 virus, and understanding that social distancing and quarantine/self-isolation is the only available remedy to us, forced the governments of most of the countries to declare the nationwide lock down.

So far the only advice or the option against the disastrous COVID-19 is screening of suspected person for SARS-CoV-2, if comes positive, then quarantine/self-isolation in addition to supportive treatment. However, few cases have been reported around the world where people out of fear of getting COVID-19 infection, social stigma, isolation, depression, anxiety, emotional imbalance, economic shutdown, lack and/or improper knowledge, financial and future insecurities took their lives. With recent suicide reports we can anticipate the rippling effect of this virus on worldwide suicide events. However, the basic psychology and inability of the person and the mass society to deal with the situation are the major factors behind these COVID-19 suicides pandemic.

1. Possible factors and predictors

Social Isolation/distancing induce a lot of anxiety in many citizens of different country. However, the most vulnerable are those with existing mental health issues like depression and older adults living in loneliness and isolation. Such people are self-judgemental, have extreme suicidal thoughts. Imposed isolation and quarantine disrupts normal social lives and created psychological fear and feeling like trapped, for an indefinite period of time. The first suicidal case was reported from south India on 12th Feb 2020, where Balakrishna, a 50-year-old man wrongly co-related his normal viral infection to COVID-19 (Goyal et al., 2019). Although out of fear and love for his family, he quarantined himself, but later committed suicide, as he was psychologically disturbed after reading COVID-19 related deaths in the newspaper. In Delhi, India, one COVID-19 suspected man admitted in the isolation ward of the Safdarjung Hospital allegedly committed suicide by jumping off the seventh floor of the hospital building (<https://economictimes.indiatimes.com/news/politics-and-nation/man-suspected-of-covid-19-commits-suicide/articleshow/74700431.cmsfrom=mdr>). Not only India, psychosocial distress linked to COVID-19 crises has swept the globe. COVID-19 worries apparently prompted a murder-suicide (<https://abc-news.go.com/US/wireStory/authorities-mans-covid-19-worries-prompt-murder-suicide-69997314>) in Chicago where Patrick Jesernik shot Cheryl Schriefer before shooting himself. Patrick was in an illusion that two of them had SARS-CoV-2 infection.

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Worldwide lockdown creating economic recession: The looming economic crisis may create panic, mass unemployment, poverty and homelessness will possibly surge the suicide risk or drive an increase in the attempt to suicide rates in such patients. US already claimed a vast increase in unemployment (4.6 million) during coronavirus emergency and speculated that lockdown will cause more deaths than COVID-19 itself amid the recession (Reger et al., 2020). This uncertainty of time for isolation, not only demoralize but also make people feel worthless, hopeless about present and future as exemplified by the suicide of German Hesse state Finance Minister Thomas Schaefer (<https://www.todayonline.com/world/covid-19-german-minister-commits-suicide-after-virus-crisis-worries>).

Stress, anxiety and pressure in medical healthcare professionals are at immense and at the peak. 50% of the medical staff in the British hospitals are sick, and at home, leaving high pressure on the remaining staff to deal with the situation. In King's College Hospital, London, a young nurse took her own life while treating COVID-19 patients (<https://www.wzzm13.com/article/news/local/morning-features/suicide-risks-grow-during-pandemic/69-05657859-d404-44ad-bf87-c70dad3c6671>). Even the forefront warriors, i.e. medical professionals are constantly in close contact with COVID-19 positive and/or quarantined patients while treating them are under psychological trauma. The predictors are constant fear of getting infection, unbearable stress, helplessness and distress watching infected patients die alone.

Social boycott and discrimination also added few cases to the list of COVID-19 suicides. Mamun MA et al., 2020 reported the first COVID-19 suicide case in Bangladesh, where Zahidul Islam, a 36-year-old man committed suicide due to social avoidance by the neighbours and his moral conscience to ensure not to pass on the virus to his community (Mamun and Griffiths, 2020). Other important cases from around the world have been described in Table 1.

2. Dealing with COVID-19 stress

Scientists across the world are trying hard to develop vaccine against SARS-CoV-2, and antivirals like Favipiravir and Ramdesivir are now under phase III clinical trials to treat clinical manifestation of COVID-19 disease. However, a total of 6,46,675 COVID-19 infected patients had already been recovered (<https://www.worldometers.info/coronavirus/>) and now different approaches need to be implemented to deal with COVID-19 related psychological stress. COVID-19 is a global crisis, so collective efforts are required to deal with this global pandemic. Emotional distress people need to first set the limit of COVID-19 related news consumption from local, national, international, social and digital platform and the sources must be authentic like CDC and WHO. One needs to maintain connectedness and solidarity despite the physical distance.. Individuals with the previous history of suicidal thoughts, panic and stress disorder, low self-esteem and low self-worth, are easily susceptible to catastrophic thinking like suicide in such viral pandemic. Indirect

Table 1

Representative cases showing psychological conditions and underlying predictors leading to COVID-19 suicides.

Factors and predictors for COVID-19 suicides			
Social Isolation/distancing			
SN	Case History	Predictors	Reference
1.	Santosh Kaur, a 65- year-old woman, committed suicide over the fear of the COVID-19. (India)	Person was depressed, had anxiety over COVID-19 and was alone. Her fear was just an illusion and there was no one to counsel or to console her.	https://www.tribuneindia.com/news/punjab/anxiety-over-covid-19-leads-to-phagwara-womans-suicide-66466 (Accessed on 7 April 2020)
2.	Chinese student living in the kingdom of Saudi Arabia had committed suicide by jumping from the 3rd floor of a hospital. (Saudi Arabia)	Quarantined on suspicion of being infected with the coronavirus.	https://www.middleeastmonitor.com/20200217-chinese-student-commits-suicide-in-saudi-after-being-quarantined-for-coronavirus/ (Accessed on 15 April 2020)
3.	19-year-old Emily Owen, youngest suicide victim (Britain)	Fear of isolation was created just by the announcement of the country lockdown	https://blogs.scientificamerican.com/observations/covid-19-is-likely-to-lead-to-an-increase-in-suicides/ (Accessed on 8 April 2020)
Worldwide lockdown creating economic recession			
4.	Finance Minister Thomas Schaefer, 54-year-old economist. (Germany)	Could not able to bear and cope with the stress about the economic fallout of COVID-19. Turned him hopeless that he could not able to manage citizen's expectations for financial aid.	https://www.todayonline.com/world/covid-19-german-minister-commits-suicide-after-virus-crisis-worries (Accessed on 8 April 2020)
Stress, anxiety and pressure in medical healthcare professionals			
5.	49-year-old nurse (S.L.) of Jesolo hospital committed suicide by jumping into Piave river (Italy)	Lived alone and distressed	https://www.wsws.org/en/articles/2020/03/31/trez-m31.html (Accessed on 9 April 2020)
6.	Daniela Trezzi, a 34-year-old nurse of the San Gerardo hospital (Italy)	Deeply traumatized, compassion fatigue, emotional burnout, hopelessness, and fear of contracting and spreading the disease to others.	https://www.wsws.org/en/articles/2020/03/31/trez-m31.html (Accessed on 9 April 2020)
Social boycott and discrimination			
7.	Mustafa, a 35-year-old male and Mohammad Dilshad, a 37-year-old male committed suicide. (India)	Both were facing social boycott and religious discrimination from their neighbours in the suspicion of positive COVID-19 report. Resulted in isolation, stigma and finally depression.	https://timesofindia.indiatimes.com/city/madurai/stigma-over-covid-testing-blamed-for-mans-suicide/articleshow/74939681.cms (Accessed on 8 April 2020) https://www.livemint.com/news/india/facing-social-boycott-covid-19-negative-man-commits-suicide-in-himachal-s-una-11586090515081.html (Accessed on 9 April 2020)

clues need to be noticed with great care, where people often say 'I'm tired of life', 'no one loves me', 'leave me alone' and so on. On suspecting such behaviour in person, we can pull together the people struggling with suicidal ideation to make them feel loved and protective.

Socio-psychology needs and interventions for mental rehabilitation should be designed. Tele-counselling along with, 24x7 crisis response service for emotional, mental and behavioural support need to be implemented. However, majority of the countries are already practicing and implementing these measures. Health care policies and the perception for the COVI-19 health care professionals need to be strengthening as reported from Chinese studies (Li et al., 2020; Kang et al., 2020). Government recommendations to work from home, and travel less advisories restricted our social life, but, we can spend time indoor with our families, connect to friends on social media, and engage in mindfulness activities, till we all win this battle.

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